



9801 Arlington Church Road \* Mint Hill, NC 28227 \* 704-545-4589 \* [www.arlingtonacademy.org](http://www.arlingtonacademy.org)

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## IMMUNIZATION RECORD

All students applying to Arlington Christian Academy must complete and submit this form with their application.

**Important Notice:**

All **Kindergarten (K5)** students accepted to ACA must provide **proof of a physical examination**. The physical form must be completed by your child's doctor and submitted to the Admissions Office **no later than the first day of school**.

The physical should be scheduled during the summer so that it remains current throughout the student's entire kindergarten academic year. Take the attached physical form to your pediatrician to fill out.

Please request a copy of your child's immunization record from your pediatrician and submit it along with your application.

If choose not to give your child immunizations, please complete the attached Religious Exemption Form and submit it along with your application.

**This form is *not* the physical form.**

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**Student Information**

Name of Student: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/Guardian Name(s):  
\_\_\_\_\_  
\_\_\_\_\_

Address:  
\_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
\_\_\_\_\_

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## Medical History

*(To be completed by the parent/guardian)*

a. Is your child allergic to anything?  Yes  No      If yes, please specify:

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b. Is your child under a doctor's care?  Yes  No      If yes, please explain:

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c. Any previous hospitalizations or surgeries?  Yes  No      If yes, please explain:

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d. Is your child on continuous medication?  Yes  No      If yes, for what condition?

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e. Does your child have any mental disabilities?  Yes  No      If yes, please describe:

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f. Does your child have any neurological or sensory disorders?  Yes  No      If yes, please describe:

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g. Any history of disease or recurrent illness?  Yes  No      If yes, please describe:

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h. Does your child have any physical disabilities?  Yes  No      If yes, please describe:

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